

62-029916

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3083 Registrar's No. 193

FILED SEP 11 1962

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

| ITEM NO. | SHOULD READ |
|----------|-------------|
| | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | | c. CITY OR TOWN Mexico | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home | | d. STREET ADDRESS (If outside, give location) 512 East Jackson | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Myrtle Edna Reed | | 4. DATE OF DEATH Month Day Year September 7 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-1-1884 |
| 9. AGE (last birthday) 78 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attnd. | | 10b. KIND OF BUSINESS OR INDUSTRY Hospital | |
| 11. BIRTHPLACE (City and state or country) Thompson, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME J. Rutter | | 13b. MOTHER'S MAIDEN NAME Martha Dempsey | |
| 14. NAME OF HUSBAND OR WIFE Elmer Reed dec'd | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | |
| 16. SOCIAL SECURITY NO. 91 | | 17. INFORMANT A.J. Gallagher Mexico, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Chronic bronchitis severe DUE TO (c) + General debility due to age Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 15 yrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 4-10-1952 to 9-7-1962 and last saw her alive on 9-6-52 Death occurred at 1-40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) M.D. | | 22b. ADDRESS Mexico, Mo | |
| 22c. DATE SIGNED 9-8-62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE Sept 8, 1962 | | 23c. NAME OF CEMETERY OR CREMATORY Elmwood | |
| 23d. LOCATION (City, town, or county) Mexico, Missouri | | 24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo. | |
| 25. DATE RECD. BY LOCAL REG. Sept 8-1962 | | 26. REGISTRAR'S SIGNATURE Blanche Neely | |

(Licensed Embalmer's Statement on Reverse Side)

OR
USE BLACK INK

TYPEWRITER RIBBON
G.P. Hallenbach and

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert E. Hayes

Licensed Embalmer No. 4890

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.